

**APPLICATION FOR PAYMENT OF ATTORNEY FEES FOR
REPRESENTATION UNDER THE KINSHIP GUARDIANSHIP ACT**

[Please print or type information]

PAYEE: _____ Vendor No. _____

Last Name, First Name, Middle Initial (separate by commas)

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

TELEPHONE: _____ TAX ID NO. _____

CLIENT NAME: _____ CASE NUMBER: _____

JUDICIAL DISTRICT NUMBER: _____ COUNTY: _____

[] APPOINTMENT ORDER ATTACHED

[] INDIGENCY ORDER ATTACHED

TO: _____,

DISTRICT COURT JUDGE.

I respectfully submit application for payment of fees as the court-appointed Guardian-ad-Litem as provided by the Kinship Guardianship Act. (NMSA 40-10B-1 et.seq; 40-10B-9). I understand that this application will not be processed for payment if it has not been received by the district court within 30 days of **completion** of milestone event/hearing and that payment is contingent upon the availability of funds.

Type of Hearing (check one)	Date of Hearing	Fee (Hours expended X \$30.00)	Maximum Fee (not to exceed)
<input type="checkbox"/> Appointment of guardian pursuant to NMSA 40-10 B-9 (A) and (C)			\$600.00
<input type="checkbox"/> Revocation of guardianship pursuant to NMSA 40-10B-9 (B) and (C)			\$600.00

AMOUNT REQUESTED [\$_____]

GROSS RECEIPTS TAX [\$_____]

TOTAL AMOUNT DUE [\$_____]

I hereby certify that the above is correct and true and, therefore, request payment.

Attorney Signature

Date

District Court Judge or Designee

Date

*Revised 06/09
Need a new code*